

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-004845

STATE FILE NUMBER

AMENDED

Registration District No. 317  
FILED JAN 20 1962

Primary Registration District No. 547

Registrar's No. 192

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Madison										
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Hgts. Clayton		Length of stay in lb 3 Wks.		c. CITY OR TOWN Granite City		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3124 Colgate		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last Mildred E. Daniel			4. DATE OF DEATH Month Day Year Jan. 14, 1962										
5. SEX Female		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-8-1904		9. AGE (last birthday) 58		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk & Manager			10b. KIND OF BUSINESS OR INDUSTRY Cleaning			11. BIRTHPLACE (City and state or country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY U. S. A.				
13a. FATHER'S NAME Patrick Doyle			13b. MOTHER'S MAIDEN NAME Laura Earney			14. NAME OF HUSBAND OR WIFE Francis Daniel							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. [Redacted]			17. INFORMANT Francis Daniel			Address 3124 Colgate				
18. CAUSE OF DEATH (Enter only one cause per line for terminal disease) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the small bowel w/metastases to the liver, lung, brain. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)												INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)									
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE			
21. I attended the deceased from January 1, 1962 to January 14, 62 and last saw her alive on January 14, 1962 Death occurred at 8 P m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE John M. McLean						22b. ADDRESS 4161 Lindell Blvd., St. Louis 8			22c. DATE SIGNED 1/15/62				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1-17-1962		23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery			23d. LOCATION (City, town, or county) Edwardsville Twsp., Ill			23e. STATE			
24. FUNERAL DIRECTOR Leonard R. Davis				ADDRESS 21st & Cleveland		25. DATE RECD. BY LOCAL REG. 1-15-62		26. REGISTRAR'S SIGNATURE [Signature]					
Granite City, Ill (Licensed Embalmer's Statement on Reverse Side)													

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Leonard R. Davis

Licensed Embalmer No. 8375

P. O. Address 21st & Cleveland  
Granite City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply  
with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.